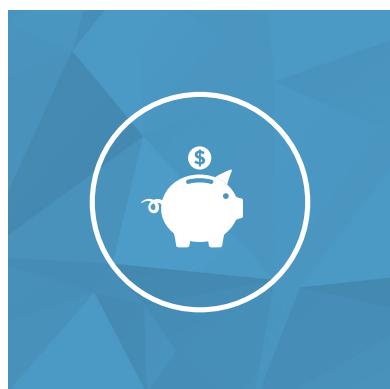
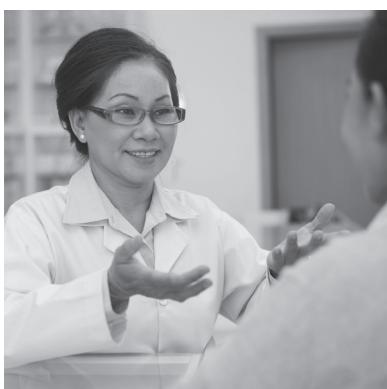
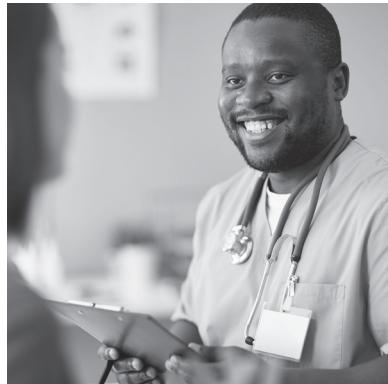
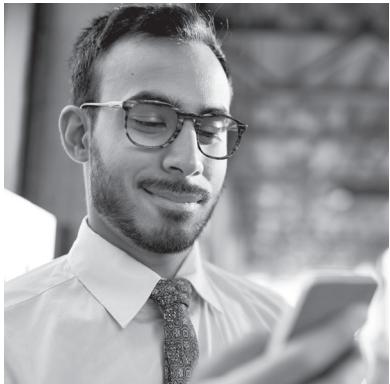


BENEFITS-AT-A-GLANCE

EMPLOYEES

AND NON-MEDICARE RETIREES & SURVIVORS



2018 – 2019

Benefits and rates effective
July 1, 2018



Commonwealth of Massachusetts
Group Insurance Commission

Learn What's New During Annual Enrollment



What's Changing This Year:

- **Health benefit changes for the coming year:** In response to your feedback, the GIC has implemented a number of changes to help reduce your out-of-pocket costs and make using your benefits easier, including:
 - Reduced copays when seeing a Tier 3 specialist (Tier 3 copays will now be \$75, down from \$90 last year)
 - Members will no longer be charged ambulance copays after their deductible
 - All members will have access to \$15 Telehealth coverage
 - Utilizing hospice care will no longer require prior authorization
 - Some regional and limited network products will now have lower deductibles
- More information is detailed in the *Benefits Decision Guide*.
- **Integration of Medical and Behavioral Health Benefits.** To better integrate your care, effective July 1, you will receive behavioral health benefits through your health insurance carrier. Please contact your health insurance carrier to learn more about this change.
- **Express Scripts will be your prescription drug administrator:** If you are enrolled in medical coverage through the GIC, you will automatically receive prescription drug coverage through Express Scripts (ESI). Express Scripts offers cost management resources and live customer service support so you can best understand and manage your prescription costs. **You will receive a separate ID card for the Express Scripts pharmacy benefit. Don't forget to bring it with you to the pharmacy when you get your prescriptions filled.** If you have questions about this new program, visit express-scripts.com/gicRx or call 855-283-7679.
- **WellMASS programs will now be offered through your health insurance carrier.** Please contact your carrier for details about their specific wellness programs.



IMPORTANT REMINDERS!

- ✓ **Completed Annual Enrollment forms are due to the GIC by Wednesday, May 2, 2018:** All forms are available on the GIC website (mass.gov/gic-forms).
- ✓ **Employees can enroll in coverage for the first time at Annual Enrollment or within 60 days of a documented qualifying event.** Qualifying events include marriage, birth/adoption of a child, involuntary loss of other coverage, spouse's Annual Enrollment or return from an approved FMLA or maternity leave. New hires may enroll in coverage during their first ten days of employment and also during Annual Enrollment.
- ✓ **Once you choose health care coverage, you cannot change products until the next Annual Enrollment period.** Even if your doctor or hospital leaves the health insurance product, unless you have an eligible qualifying status change, you must remain enrolled in your selected plan until the next Annual Enrollment. You can find a list of qualifying status changes on the GIC's Annual Enrollment website at mass.gov/orgs/group-insurance-commission.
- ✓ **Physician and hospital copay tiers change each July 1.** Please check with your insurance carrier to see if your provider or hospital tier has changed.
- ✓ **Doctors and hospitals within a carrier's network can change during the year, usually because of a health carrier and provider contract issue, practice mergers, retirement or relocation.** If your doctor is no longer available, your health insurance carrier will help you find a new one.
- ✓ **When checking provider coverage and tiers, be sure to specify the health insurance product's full name, such as "Tufts Health Plan Spirit" or "Tufts Health Plan Navigator," and not just "Tufts Health Plan."** The health insurance carrier is your best source for this information.

Benefits-at-a-Glance: Health Insurance Products

Health Insurance Products	National Network	Broad Network			
	Unicare State Indemnity Plan/ Basic with CIC (Comprehensive)	Unicare State Indemnity Plan/Plus	Tufts Health Plan Navigator	Fallon Health Select Care	Harvard Pilgrim Independence Plan
Product Type	Indemnity	PPO-Type	POS	HMO	POS
PCP Designation Required?	No	No	Yes	Yes	Yes
PCP Referral to Specialist Required?	No	No	Yes	Yes	Yes
Out-of-pocket Maximum Individual / Family	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Fiscal Year Deductible Individual / Family	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000
Primary Care Provider Office Visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit	\$20 / visit	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit
Preventive Services	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
Specialist Physician Office Visit					
Tier 1 / Tier 2 / Tier 3	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit
Retail Clinic and Urgent Care Center	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit
Outpatient Behavioral Health/Substance Use Disorder Care	\$20 / visit	\$20 / visit	\$10 / visit	\$20 / visit	\$10 / visit
Emergency Room Care	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Inpatient Hospital Care – Medical	Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.				
Tier 1 Tier 2 Tier 3	\$275 / admission with no tiering	\$275 / admission \$500 / admission \$1,500 / admission	\$275 / admission \$500 / admission \$1,500 / admission	\$275 / admission \$500 / admission \$1,500 / admission	\$275 / admission \$500 / admission \$1,500 / admission
Outpatient Surgery	Maximum one copay per calendar quarter or four per year, depending on product. Contact the carrier for details.				
Tier 1 / Tier 2 / Tier 3	\$250 / occurrence	\$110 / \$110 / \$250 / occurrence	\$250 / occurrence	\$250 / occurrence	\$250 / occurrence
High-Tech Imaging (e.g., MRI, CT and PET scans)	Maximum one copay per day. Contact the carrier for details.				
Prescription Drugs	Prescription Drug Deductible: \$100 Individual / \$200 Family				
Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
Mail Order Maintenance Drugs (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

Copays and deductibles that appear in **bold** in this chart have changed effective July 1, 2018.

Benefits-at-a-Glance: Health Insurance Products

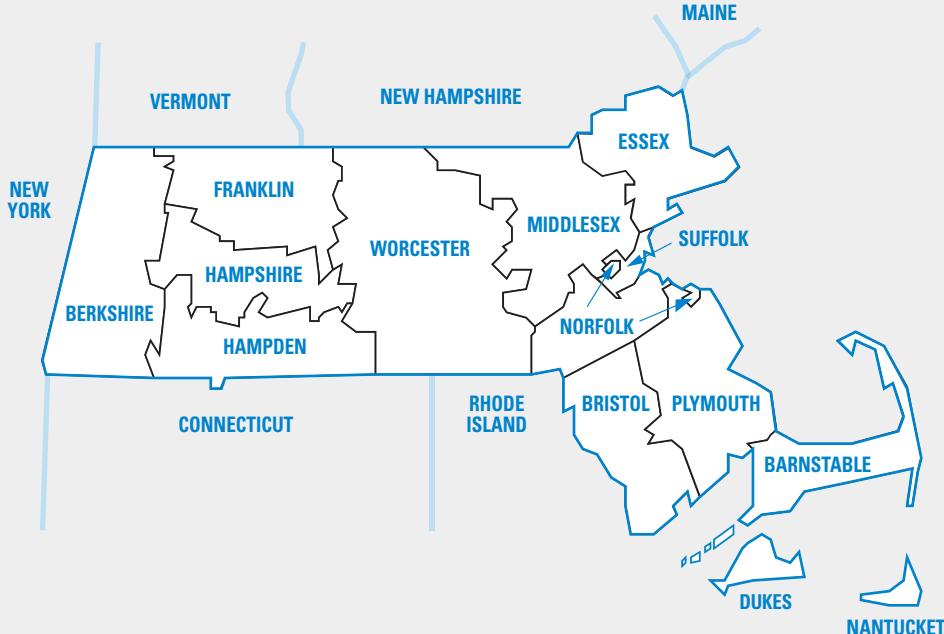


REGIONAL NETWORK		LIMITED NETWORK			
HEALTH NEW ENGLAND	NHP PRIME (Neighborhood Health Plan)	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	TUFTS HEALTH PLAN SPIRIT	FALLON HEALTH DIRECT CARE	HARVARD PILGRIM PRIMARY CHOICE PLAN
HMO	HMO	PPO-TYPE	EPO (HMO-TYPE)	HMO	HMO
Yes	Yes	No	No	Yes	Yes
No	Yes	No	No	Yes	Yes
\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
\$400 / \$800	\$500 / \$1,000	\$400 / \$800	\$400 / \$800	\$400 / \$800	\$400 / \$800
\$20 / visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	\$20 / visit	\$15 / visit	\$20 / visit
Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	Tier 1 \$30 / Tier 2 \$60 / visit (No Tier 3)
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.					
\$275 / admission with no tiering	\$275 / admission with no tiering	\$275 / admission with no tiering	\$275 / admission \$500 / admission No Tier 3	\$275 / admission with no tiering	\$275 / admission \$500 / admission No Tier 3
Maximum one copay per calendar quarter or four per year, depending on product. Contact the carrier for details.					
\$250 / occurrence	\$250 / occurrence	\$110 / occurrence	\$250 / occurrence	\$250 / occurrence	\$250 / occurrence
Maximum one copay per day. Contact the carrier for details.					
\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
Prescription Drug Deductible: \$100 Individual / \$200 Family					
\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance products.
 Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance carriers.

Health Insurance Locator Map

Where You Live Determines Which Health Insurance Product You May Enroll In.



The UniCare State Indemnity Plan/Basic is the only health insurance product offered by the GIC that is available throughout the United States and outside of the country.

DIRECT – Fallon Health Direct Care

SELECT – Fallon Health Select Care

INDEPENDENCE – Harvard Pilgrim Independence

PRIMARY CHOICE – Harvard Pilgrim Primary Choice

HNE – Health New England

NHP – NHP Prime (Neighborhood Health Plan)

NAVIGATOR – Tufts Health Plan Navigator

SPIRIT – Tufts Health Plan Spirit

BASIC – UniCare State Indemnity Plan/Basic

COMMUNITY CHOICE – UniCare State Indemnity Plan/Community Choice

PLUS – UniCare State Indemnity Plan/PLUS

Is the Health Product Available Where You Live?

BARNSTABLE

Independence, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

BERKSHIRE

Select, Independence, Primary Choice, HNE, Navigator, Spirit*, Basic, Community Choice, PLUS

BRISTOL

Direct, Select, Independence, Primary Choice, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

DUKES

Independence, NHP, Navigator, Basic, PLUS

ESSEX

Direct, Select, Independence, Primary Choice, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

FRANKLIN

Select, Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

HAMPDEN

Direct*, Select, Independence, Primary Choice, HNE, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

HAMPSHIRE

Direct*, Select, Independence, Primary Choice, HNE, Navigator, Spirit*, Basic, PLUS, Community Choice

MIDDLESEX

Direct, Select, Independence, Primary Choice, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

NANTUCKET

Independence, NHP, Navigator, Basic, PLUS

NORFOLK

Direct, Select, Independence, Primary Choice, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

PLYMOUTH

Direct, Select, Independence, Primary Choice, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

SUFFOLK

Direct, Select, Independence, Primary Choice, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

WORCESTER

Direct, Select, Independence, Primary Choice, HNE, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

Outside Massachusetts:

CONNECTICUT

Independence, HNE*, Navigator*, Basic, PLUS*

MAINE

Independence, Basic, PLUS

NEW HAMPSHIRE

Select*, Independence, Navigator*, Basic, PLUS

NEW YORK

Independence*, Navigator*, Basic

RHODE ISLAND

Independence, Navigator, Basic, PLUS

VERMONT

Independence*, Navigator*, Basic, PLUS

* Not every city and town is covered in this county or state; contact the health insurance carrier to find out if you live in the service area. The product also has a limited network of providers in this county or state; contact the health insurance carrier to find out which doctors and hospitals participate.

For More Information, Contact the Carrier



MARK THE DATE!

Forms (mass.gov/gic/forms) are due **WEDNESDAY, MAY 2** for Changes Effective July 1, 2018

Annual Enrollment offers you the opportunity to review your benefit options and enroll in or change your coverage. If you want to keep your current benefits, you do not need to complete any paperwork, as your coverage will continue automatically.

ACTIVE STATE AND MUNICIPAL EMPLOYEES: Return completed forms to your GIC Coordinator.

NON-MEDICARE RETIREES AND SURVIVORS: Mail completed annual enrollment forms to the GIC to the address below.

For more information about specific products or benefits, contact your carrier.

Be sure to indicate you are a GIC member.

HEALTH INSURANCE

Fallon Health	1.866.344.4442	fallonhealth.org/gic
Direct Care Select Care		
Harvard Pilgrim Health Care	1.800.542.1499	harvardpilgrim.org/gic
Independence Plan Primary Choice Plan		
Health New England	1.800.842.4464	hne.com/gic
Neighborhood Health Plan	1.866.567.9175	nhp.org/gic
NHP Prime		
Tufts Health Plan	1.800.870.9488	tuftshealthplan.com/gic
Navigator Spirit		
UniCare State Indemnity Plan	1.800.442.9300	unicarestateplan.com
Basic Community Choice PLUS		
Pharmacy Benefits Manager	1.855.283.7679	express-scripts.com/gicRx
Express Scripts		



Commonwealth of Massachusetts
Group Insurance Commission

Group Insurance Commission • P.O. Box 8747, Boston, MA 02114
617.727.2310 • TDD/TTY 711 • mass.gov/gic

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